PTO/SB/06 (08-03)

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	PAT	ENT APPLIC		FEE DETE for Form PT	RECORD		Application or Docket Number				
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILE			ER FILED	NUMBER EXTRA			RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(a))						<u> </u>	s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =	= *			x \$ =	_	OR	x s_ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3				x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$ =		
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II											
	306	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	6	Minus '	- <del> </del>	=		x \$=		∕SR	x \$=	,
IEN	Independent (37 CFR 1.16(b))	. 3	Minus	<del>" 3</del>	= /	ı	x \$=		OR	x \$=	
AN	FIRST PRESENT	ATION OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	R 1.16(d))		+s =		OR	+\$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus 1	••	=		x <b>\$</b> =		OR	× \$=	
EN	Independent (37 CFR 1.16(b))	*	Minus 1	***	=		× \$=		OR	x \$=	
AN	FIRST PRESENT	ATION OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	R 1.16(d))		+s =		OR	+s =	
					,	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total (37 CFR 1.16(c))	•	Minus *	**	=		x \$=		OR	× \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus *	***	=		x \$=		OR	× \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ s =	i X i
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

REST AVAILABLE CUP!												
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2000 0995493-7												
CLAIRS AS FILED - PART I SHALL BRITTY GTHER THAN (Colored I) Colored II TYPE C OR SMALL BRITTY												
TOTAL CLAIMS	24		RATE	FEE	Ĭ	RATE	PEE					
FOR	MARKET	MARK	ARTIGRE	Mac Re	355.00	OR	AND THE	710.00				
TOTAL CHARGEABLE CLAIMS	24 minus 20-	4	25 P		OR	X\$18-	19-					
DOFFEICHT CLAME	3 mms.	<del></del>	X40-		œ	200-						
MEATPLE DEPOSORIT CLAMP		+135-		OR	+2704							
* If the difference in column 1 is less than 2000, enter "I' in column 2 TOTAL OR TOTAL 2.45												
Blog CLAMS AS A	MENDED - PAR	mp 21	(Column 3)	SMALL	.BATTY	OR	SMALL	BITITY				
COURS REPAREMENT ANTEN A	MARY	BER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE				
Table OLY	Maria 40	4	•	X39-		OR	X\$18-					
Independent • 3	Man	5		X40-		OA	XXX0-					
- I HAST HESENTATION CF	WING DESCRIPTION	+125-		OR.	4270-							
	- a X s		0.5 %	ADDIT. PE		OR	ADDIT, PEE					
(Column 1)	185	431	CONTRACTOR		TADDL			ADDI				
AFIER AGEORGEST		OUBLY POR	DESERT	RATE	TIONAL		RATE	TOXAL				
5 Table 1.07.4	-2	<i>y</i>		23.00		OR	X\$18-					
Independent • &	UTIPLE DEPENDEN	TOLAN		X40-		OR	100a					
				+135-		OR.	+270-	·				
8-5-05 (Codumn 1)				ADDIT, PE		OR	VOOLE VEE					
	112	mn 2)	(Column 3)	_	TADD			ADD				
PENADORS AFTER AMERICAGE	PREM	OVERY POR (	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL				
Q Total	-	4	·6	XI S		OR	X\$18-					
todependent • 3 FORST PRESENTATION OF N	Maria	Take		XAO		OR	200-					
· ·				+135-		OR	+270-					
"If the entry in column 1 is from than the many in column 2, under "I in column 3. "If the "Righted Munder Presidently Part No. 1762 SPACE is from than 50, enter "S."  ACOST, FEE  The "Righted Munder Presidently Part For 18 THES SPACE is from than 3, enter "S."  ACOST, FEE  The "Righted Munder Presidently Part For 18 THES SPACE is from than 3, enter "S."  ACOST, FEE  ACOST, FEE  ACOST, FEE  ACOST, FEE  The "Righted Munder Presidently Part For 18 THES SPACE is from than 3, enter "S."  ACOST, FEE  ACOST, FE												
The "Opinial Number Provincely Publisher (Sold or Independent) to the Opinial Comber Sound in the appropriate test to column 1.												